PROFIT CORPORATION ANNUAL REPORT

1999



· FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K99040**

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DEVIER	HOLDINGS, INC					į					
Principal Place of Business Mailing Address							1 (86)8(1) 819 18114 1811 2811 8181 8211	•.•			
% SHEFFEY L DEVIER. III % SHEFFEY L DEVIER. III											
881 SW 49TH		881 SW 49TH TER			DO NOT WRITE IN THIS SPACE						
PLANTATION FL	. 33317	PLANTATION FL 33317			-	3. Date Incorporated or Qualified					
							06/29/1989				
2 Principal Di	ace of Business	2a. Mailing Address					FEI Number		I An	plied For	
<u></u>	ace of Busiless	26				65-0130919			t Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.							<u></u>	dditional	
22	m, 000.	27			5.	Certificate of Status Desired	•	Fee Re	quired		
City & State	9	City & State				6	Election Campaign Financing		\$5.00	May Be	
23		28				"	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	_	8.	This corporation owes the current year !	ntangi	ble		
24	25	29 30	0				Personal Property Tax.		Yes	□No	
	9. Name and Address of Current					10.	Name and Address of New Registere	J Age	nt		
					Name						
DEVIER, SHEFFEY L., III.					Stroot Add	roce (D	ess (P.O. Box Number is Not Acceptable)				
881 SW 49TH TER				82 Street Addre			O. Box Hulliber is not Acceptable)				
PLANTATION FL 33317				13							
]				\downarrow					-1 -:- 6		
			8	4	City		· F	L ^{∣8}	5 Zip C	ode	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norizea t	ו עכ	ne comorati	poration ion's bo	n submits this statement for the purpose a pard of directors. I hereby accept the app	of char ointme	nging its ent as req	registered gistered	
SIGNATURE					~ 	4	einetation) DATE				
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register OFFICERS AND DIRECTORS 13			gent	gent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AN				ND DIRECTORS IN 12		
12.	DP OFFICERS AN	□ DELETE	1,1 TITLE				ADDITIONO/OF WINGES TO OFF TO EACH		Change	Addition	
	DEVIER, SHEFFEY L., III	_, 5222.2	1.2 NAME						_	_	
NAME	881 SW 49TH TER		1.3 STREET ADDRESS								
STREET ADDRESS	PLANTATION FL										
CITY-ST-ZIP	DST	☐ DELETE	1.4 CITY-ST-ZIP					Change	Addition		
TITLE	•••	C) beceive	2.1 IIILE 2.2 NAME				_	·	_		
NAME	GLASS, STEPHANIE 2402 SPARROW DR		2.2 NAME 2.3 STREET ADDRESS					-	•		
STREET ADDRESS	; –										
CITY-ST-ZIP	ROUND ROCK TX	□ DELETE	2.4 CiTY-ST-ZIP 3.1 TITLE		-ZIP				Change	Addition	
TITLE	DV DENER TON WILLIS										
NAME	DEVIER, TOM WILLIS		3.2 NAME								
STREET ADDRESS	- 12.2			3.3 STREET ADDRESS							
C/TY-ST-ZIP				3.4. CITY-ST-ZIP					Change	Addition	
TITLE				1					Shango		
NAME.			4. 2 NAM	Æ	1					+	

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of fusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: SIGNATURE: SIGNATURED JAME OF SIGNING OFFICER OR DIRECTOR DATE OF DATE OF SIGNING OFFICER OR DIRECTOR DATE OF DATE OF SIGNING OFFICER OR DIRECTOR DATE OF D

☐ DELETE

DELETE

CB2E034 (44/98)

Change

Change

☐ Addition

Addition

Apr 23, 1999 8:00 am Secretary of State

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